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# THE PHYSICIANS AND SURGEONS' INVESTIGATOR

*A MONTHLY JOURNAL OF MEDICINE AND SURGERY.*

EDITED BY

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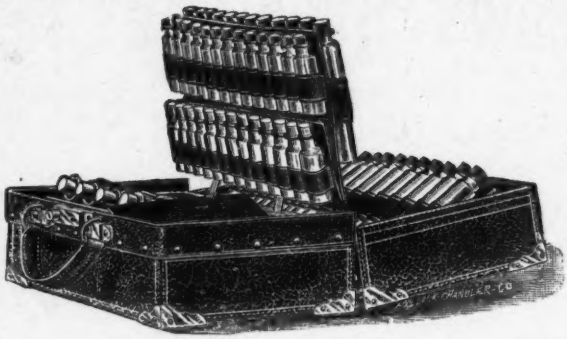

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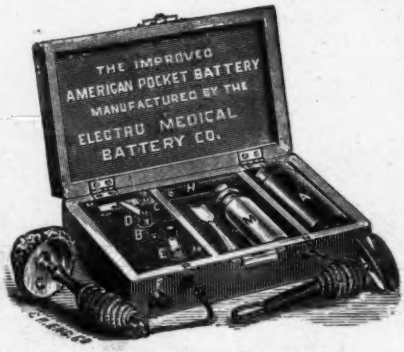


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THE

# Physicians and Surgeons' Investigator.

VOL. V. APRIL 15, 1884. NO. 4.

## THERAPEUTICS OF HEADACHE.

BY S. J. SMITH, M. D.

*Aconitum.* Congestive and neuralgic headaches; head hot; pulse small and frequent; frontal pain.

*Æther.* Enfeebled circulation; eyes sunken; face pale; pulse feeble. Give five drops; or spiritus ammoniæ aromaticus, twenty drops; or carbonate of ammoniæ, five grains. This last "will relieve headache caused by sour stomach."

*Ammonii Iodidum.* Chronic headaches; great dizziness and difficulty of controlling the voluntary muscles.

*Amyl Nitras.* Nervous or sick headaches due to anæmia. The patient must keep quiet in the recumbent position in order to receive benefit.

*Belladonna.* Feels dull and sleepy; eyes dull; pupils dilated; frontal headache, with a sense of pressure; better from sitting up and being in a darkened room.

*Bryonia.* Headache extending from the forehead to the occiput; fullness and heaviness in the forehead as if pressed out; flushing of right cheek; feels better from closing the eyes and keeping perfectly quiet.

*Camphora Monobromata* has been found useful in headaches brought on by overstimulation of the brain, through study or excitement.

*Cannabis Indica.* Hemicrania of long standing.

*Cerii Oxalas.* "Three grains taken dry on the tongue sometimes acts like magic in relieving sick headache."

*Cimicifuga.* Pain in every part of the head, but more in the top and back part often extending to the shoulders and down the spine; constant dull feeling in the top of the head; pain in the forehead and eyeballs, extending to the base of the brain and occiput; headache caused by hard study; also headache the result of "spreeing."

*Codlina.* Morning headache from fatigue and mental excitement; worse on the left side.

*Conium.* Vertigo on turning the head or from turning in bed; stupefying headache from front to back part of head compelling one to lie down.

*Gelsemium.* Headache arrising from the cervical region and extending all over the head; flushed face; bright eyes; contracted pupils and increased heat of the head.

*Glonoin.* Intense congestion of blood to the head, with a feeling as if the temples and top of the head would burst open; pulsating pain from below upwards with feeling of enlargement of the head; headache from exposure to the sun.

*Guarana.* Pale face; feeble pulse, increased by exertion; especially valuable in the headaches occurring at the menstrual period.

*Ignatia.* Intense pain over the right eye as if a nail were being forced into the brain; pain in the back part of the head; worse from cold and smelling tobacco; periodical headaches.

*Iris.* Sick headache of gastric or hepatic origin; headache accompanied with, or produced by, mental exhaustion, with violent pains over the eyes.

*Nux Vomica.* Extreme nausea and sometimes vomiting; face sallow; yellowness about the mouth; intestinal uneasiness; head feels very large.

*Podophyllum.* Veins full; head full, as if it would burst, accompanied by dizziness.

*Potassii Iodidum.* Headache from tumors in the brain; "a heavy, dull headache situated over the brow and accompanied by languor;

chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two grain dose dissolved in half a wine glass of water and sipped in the course of ten minutes."

*Pulsatilla.* Patient very nervous, with light complexion, light hair and eyes; headache worse in a warm room; "persons who do a great deal of brain work are often the subjects of fierce headaches, due to hyperæmia of the nerve substance within the cranium. Tincture of pulsatella in drop doses every two or four hours in a tablespoonful of water has been found of great service in such cases.

*Quininæ Sulphas or Beberiæ Sulphas.* Periodic headaches.

*Sanguinaria.* Sick headache; headache commencing in the occiput rises and spreads over the head and locates especially above the right eye, with nausea vomiting and chilliness; is obliged to stay in a dark room and lie perfectly still; relief from sleep.

*Sticta.* Pain in the back of the head, and extending to the neck, increased by moving the head. Dr. T. S. Burton says: "The administration of a brisk purgative or small doses of epsom salts three times a day is a most effectual remedy for frontal headache when associated with constipation, but if the bowels are regular and the headache is immediately above the eyebrows nitro-muriatic acid diluted ten drops in a wine glass of water before meals, but if the headache is just where the hair begins give ten grains of bicarbonate of sodæ.

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## TREATMENT OF RUPTURE BY INJECTION.

This method, which was introduced by the late Dr. Geo. Heaton, and which has been perfected by Dr. J. H. Warren, is thus described, by Dr. Warren, in his plea for the cure of rupture. The hernia being reduced, the middle finger of the left hand is carried up into the opening of the external ring, the scrotum being invaginated. The reduced intestine is held back by this finger. The tip of the index finger, placed in its natural position by the side of the middle finger, points to the site for the juncture of the needle of the syringe. This

juncture is opposite the external ring. It is not made through the scrotum, but through the skin of the abdomen in the inguinal region. The needle is passed carefully into the canal, avoiding the cord and the vessels. It is evident that the operator must be a good anatomist and a skilled surgeon. The finger being in position the fluid is forcibly injected along the tract of the canal—not into the peritoneal cavity—while the syringe is being withdrawn, and at the same time the needle is revolved so that the fluid shall come in contact with every part of the canal. The syringe which Dr. W. has devised for his own use does this automatically; for, on opening the valve by pressing the lever, the spring on the piston rod forces out the fluid through the holes in the sides of the needle, which is at the same time rotated by the act of withdrawal, owing to its twisted form. The common hypodermic syringe will not answer. When the injection has been made the ring will be felt to *contract like a sphincter round the tip of the finger*, and from his experience he does not effect a favorable result unless he feels this contraction. When the needle is withdrawn the finger is to be placed over the juncture to prevent the escape of fluid. This is also guarded against by making the skin tense before introducing the needle. The larger the hernia and the older the patient, the more stimulating should be the fluid and the greater the amount used. Inguinal hernias require about twice as much as femoral.

Formula A.—For infants and children. ℞. Fl. ex. quercus albæ, ℥ij; Reduced by distillation to ℥ j; Alcohol, 90 per cent. 3 ij; Ether Sulph. 3 j; Morph. Sulph. grs. ss. M. Sig. Inject 8 to 10 minims.

Formula B.—For old hernias, ℞. Fl. ex. quercus albæ, ℥ iv; Reduced by distillation to ℥j; Alcohol, 90 per cent. 3 iij.

Ether Sulph. ℥ij; Morph. Sulph. grs. ij.

M. Sig. Inject 10 to 25 minims.

Formula C.—Best in the majority of cases, ℞. Fl. ex. quercus albæ, ℥ vj; Reduced by distillation to ℥ij; Alcohol, 90 per cent. ℥ss; Ether sulph. ℥ij; Morph. sulph. gr. iv.; Tinc. veratri viridis, 3 ijj; M. Sig. Inject 15 to 20 minims in small and recent hernias, but

25 to 50 minims in large or old hernias. This fluid will cause a marked reduction of the temperature and pulse and it may be necessary to put a bottle of hot water to the patient's feet. This reduction may last forty-eight hours and gives a decided advantage in obtaining a more decided local effect. The injection is performed with the patient lying on his back in bed, and being completed, a compress and spica bandage is applied. Pain and restlessness are to be subdued by morphia, and a compress of cold water may be placed over the site of the operation if the pain is intense. Quiet and maintainance of the position upon the back are to be insisted upon. The bowels are to be moved just before the operation and not again for several days. Light food and quiet should be maintained. In eight or ten days if everything has gone well, the patient may stand up, the operator supporting the parts with the hand, and if the opening is felt to be occluded, a light truss should be fitted, the patient to wear it night and day for two or three months. The patient should be cautioned to favor himself. In a few months another examination should be made, and if all is well the truss may be dispensed with. If an abscess forms it shows an error in judgment, either in selecting the case or in using too much or too stimulating a fluid. A swelling simulating an abscess may appear a few days after the operation; but in reality this is only effused lymph. This will be discolored by the injection and look as if there was decomposed blood in it. In no case is the operation any more dangerous than using the common hypodermic syringe. In children under four years of age he refuses to operate, because he considers the pressure of a good truss better. The pad of a truss must be of such a size as to overlap the hernial rings by half an inch on all sides, and should be so fixed to the spring as to exert a pressure at right angles to the plane of the hernial aperature. Thus in a subject with a large abdomen and an inguinal hernia the pressure should be upwards, or upwards and inwards, while in thinner subjects it should be directly backward. In femoral hernia the pressure should always be backward in order to close the crural ring. In *oblique inguinal* hernia the pad should be placed over the internal ring and canal, and *not* over the external

ring. In direct inguinal hernia the pad must be placed over the external ring. In femoral hernia, when the crural arch is natural and not relaxed, a small pad may be applied over the neck of the sack, but when the arch is relaxed the pad should lie upon the ligament itself.

Richard H. Kimball, Cambridge, Mass., gives the following directions for preparing Fluid Extract Oak Bark for Dr. Warren's injection fluid:

Take of oak bark in No. 50 powder 16 Troy ounces. Moisten with a mixture composed of glycerine ʒ ij., alcoho. aqua @@ f ʒ vij. Pack firmly in a conical *glass* percolator and add gradually of the mixture of glycerine, alcohol and aqua until all has been added. Then add a mixture of alcohol and aqua equal parts until it begins to drop from the percolator, then close the orifice, cork, macerate four days; remove cork and continue percolation with a mixture of alcohol, three parts, aqua, five parts, until 14 f ʒ have passed. Set aside and continue percolation until exhausted, adding a small portion at a time of a mixture in which the quantity of alcohol is diminished from that used in each preceding addition. Evaporate carefully on water bath to f ℥ ij and add to reserved ℥ xiv. Then continue evaporation until the amount is reduced to f ℥ vj. Directions for preparing Formula C for injection. ℞. Fl. ex. oak bark (Kimball's formula) f ℥ ij., Alcohol 90 per cent., f ℥ s s Ether sulph. conc. Ti veratri viridis @@ f ʒ ij., Morph. sulph. grs. iv. M. 1st place oak bark ex. in a suitable bottle, dissolve the morphine in the veratrum. Shake well, then add the alcohol and ether. *Gradually* add this mixture to the oak bark and shake. Put in ounce bottles, well corked and protected from the light. In the other formulas the morphine should be dissolved in a few drops of distilled water and added to ex. oak bark. Then proceed with the other articles the same as in formula C.

S. J. SMITH, M. D.

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## FASHION AND DEFORMITY OF THE FEET.

In *The Popular Science Monthly* for March is an article written by Ada H. Kepley on the above subject in which she says:

It seems as if the general injuries to the body resulting from diseased and crippled feet should be plain enough to attract atten-

tion, but such does not appear to be the case. No complete treatise on the feet has been produced. Physicians as a class seem to pay the subject but little attention. In the books in which the diseases and injuries of the feet are considered, the causes of disease, if stated, seem to be mentioned incidentally, and without proper notice of the connection between the diseases and the bad physiological conditions they induce. Physicians will prescribe for diseases caused largely by unsuitable clothing of the feet, without saying anything of the reform in the *chaussure* by means of which the disorder might be greatiy mitigated, if not cured. A delicate woman was treated for months for a peculiar disease which made her a complete invalid, by an eminent specialist, who said nothing of the high-heeled, paper-soled, thin boots, the habitual wearing of which greatly aggravated her disorder. A paper showing the deleterious effects of such shoes on the health of women, read at a recent meeting of an association of doctors, seemed, according to the reports, to call out more objectors than it found friends. A competent woman physician excused herself for wearing such shoes because it was so hard to find hygienic shoes in stock, and added that, when physicians prescribed reforms in clothing, they had to be politic, to keep their patients; and when asked if she ever saw a woman who wore tight shoes, replied "No"; nor did she know any who wore tight corsets.

Walking is the exercise that, more than any other, brings every portion of the system into healthful activity. Many complaints would disappear under a thorough and careful course of pedestrianism; but who can walk if the feet are sore or diseased? General bad conditions arise from lack of exercise, which invigorates the muscles and oxygenizes the vital fluid. Dyspepsia is the usual attendant on such conditions, and may manifest itself either by general emaciation or by fatty degeneration,

The feet demand a covering which shall conform to their shape, allow them free play, and afford protection from injuries.* Dowie

* The Indian moccasin is probably the easiest and most comfortable foot-covering worn, as it adapts itself perfectly to the shape and motion of the foot.

scoffingly remarks, in his treatise, respecting shoes so cut at the toes as to represent the foot like that of a goose, with the great-toe in the middle. We are now in an era of "pencil-toed" shoes, so called, which recall Dowie's comparison. It is difficult to understand how shoemakers can be so careless of the shape of the feet and their needs as to cut shoes that in the toe are the very reverse of what toes demand; but it is more difficult to conceive how any one can endure the suffering they inflict. Dowie insists that tight-toed stockings are injurious to the feet, and recommends that they be woven with a separate covering for each toe, as gloves are made with fingers.

* * *

The diseases most common to the feet are corns, bunyons, calluses, enlarged and stiffened joints, stiff and wasted toes, overlapping and underlapping toes, in-growing nails, caries of the bone, exostosis of the toe-bones, onyxitis of the toes, flat-foot, club-foot, ulcers, malignant and fibrous tumors, dislocations, changes in the shape of the bones from pressure, and elephantiasis. All wounds, injuries, and diseases are extremely liable to take on erysipelatous and scrofulous conditions, which speedily endanger life through their inflammatory, gangrenous, or debilitating nature; fatty degeneration of the tissues may take place, and weakness of the joints and thickening of the ankles plague their owners.

Corns consist of hardened flesh that becomes thorn-like in its shape and density, and a dismal source of pain. "A corn," says a writer, "is really a wicked demon, incarnated in a piece of callous skin. Its mission is to distress and agonize humanity and increase its wickedness." Gross says, "A bunyon is a corn on a large scale," and he and other writers agree that it is caused by a diversion of the great-toe from its line with the arch of the foot. When the toe is thus diverted, it forms an angle on the foot, which the shoe irritates and makes callous; inflammation sets in, and suppuration frequently ensues, that, in extreme cases, may make necessary amputation of the foot or feet.

* * *

Erichson says, bunyon is caused by improperly cut shoes, and adds that to cure it the foot should be put in a shoe cut straight from heel to toe at the inner line of the sole. The toes are naturally quite flexible. Cases are well known of men and women who, being devoid of hands or fingers, have learned to use the feet and toes instead. Miss Biffin, of London, became expert as a portrait-painter; another woman used scissors to cut out all sorts of figures from paper; and men have been fully as capable with their toes. The Chinese and Hindoos are said to be able to pick up the most delicate objects with their toes. Yet in most feet the toes are wholly incapable of independent motion, while in many feet they are entirely stiff, and are distressing objects to look at.

* * *

Dowie, who was a practical as well as theoretical shoemaker, and so full of enthusiasm that he studied the foot under skillful anatomists, and sent all his journeymen to a course of lectures on the feet, enumerates as the principal evils, that shoes are worn too short; that they are cut too narrow at the toes and in the sole; that the soles do not conform to the shape of the inner curve of the foot, nor to the line of the great arch or instep and the great-toe; that at the waist, or middle, the sole is too stiff and unyielding; that the toe is virtically too shallow or "wedge-toed," as he calls it; that the heel is too high; that the sole turns up too much at the toes. He and Camper agree on these points. The evils attending shoes too short will be more readily perceived when it is understood that the foot is lengthened in walking, and more in running and jumping.

The degree of elongation depends upon the shape of the foot. Long, slim, high-arched feet elongate most; short, fleshy feet least, In the first case the elongation varies from one fourth of an inch to one inch. It takes place forward and back, and the shoe should be long enough to allow for it. It is produced by the flattening of the arch of the foot, when the weight of the body falls upon it; just as a carriage-spring elongates under pressure. The shoe which is just long enough when the foot is at rest, becomes too short when the

elongation takes place, and the toes rise, preventing them from forming the firm pier which the anterior portion of the arch of the foot should have to rest upon, diminishing the elasticity of the organs, impairing their muscular force, and inducing the formation of corns through the rubbing of the toes against the leather. The weight of the body also crowds the toes up, and, turning the great-toe out of place, unfits it for its useful function. In-growing nails are caused by short shoes. An old poet says—

"The shoe too short, the foot will wring";

and an old English couplet sums up the height of aggravating misery in these lines;

"Here's to our friends; as for our foes,
We wish them *short shoes*, and corns on their toes."

Narrow-toed shoes aggravate the abnormal position of the great-toe, and cramp the other toes closely together, stopping all their free and healthful motion.

Narrow soles cramp the whole foot; calluses, corns, stiff and inelastic joints, and wasted muscles follow. The distress endured by a fleshy foot in a narrow shoe must be felt to be appreciated. If shoes are not cut "rights and lefts," they do not conform to the shape of the foot, and keep it in a continuous strain, exercising also a tendency to break down the supporting arch. The foot, thrown out of position, falls too far to one side or the other, and we have "running down at the heels," and vicious inversions of the foot in walking.

Tight shoes impede the circulation, deprive the feet of the warmth they need, and ultimately cause waste of the tissues. A friend of the writer, a strong, vigorous man, in splendid health, nearly lost his life from congestion induced by an hour's wearing of a pair of tight boots. Of shoes too stiff at the waist or middle, Dowie says, "Rigidity of this portion of the foot-covering is particularly destructive of the muscles of the foot and leg, for it interferes almost entirely with the free play of the whole foot."*

* This is a prolific cause of the homely spindle-shank, which he says marks the English laborer in his wooden solid shoe. Dowie cites the Irish laborer, who goes barefoot, and has a splendid muscle in his calf, as a sample of what free play of the foot will do for the improvement of the leg.

"Wedge-toed" shoes call for some preliminary remarks. If one examines the ends of the fingers, it will be seen that they have a fleshy protuberance; the toes have this in common with the fingers, and its office in both is to make a soft, cushion-like protection for the bones. A wedge-toed shoe, forces the toes immovably into a close envelope that crowds this cushion away from the bones, and wastes it to such an extend that the bones, lacking its protection, become diseased often to a degree requiring surgical treatment. Take a round and narrow wedge-toed shoe, and let it be short as one may generally see them worn, and you have an instrument of torture that is little short of the famous iron boot of the past ages.

"Box-toes" possessed the virtues of giving room for the extension of the foot, and saved their wearers from the torments of "wedge-toes," but they had other defects, and are now almost out of use.

High heels augment all the injuries and miseries we have enumerated. The foot on heels, is, in the position it occupies in going down-hill, or down the roof of a house, a most insecure and unstable one. The weight of the body is thus thrown forward, the center of gravity is shifted, and the weight becomes unequally distributed among the different parts of the foot, and the forward portion has to do the bulk of the work. The inevitable detriment such a condition entails upon the health of the foot and of the body does not need to be enlarged upon. Additional inconveniences resulting from it arise from the liability of the body to fall from its unstable poise, and the propensity of the narrowly pointed heels to catch in every little crack or opening, and trip up the wearer. Of these evils the awkward, tottering gait produced by high-heeled shoes is visible evidence.

There are those who believe and assert that an upright carriage of the body is assisted by high heels. A little thought and observation will convince the candid inquirer that this is a mistake. A shoemaker called my attention to the baggy trousers knees observable in connection with the wearing of high-heeled boots, and said, "Elevation of the heel thrusts the knee forward." The human body should stand erect from the heels upward, but the projection

of the knee makes necessary a bending forward of the whole frame, to maintain an equilibrium. This is undoubtedly one cause of the ungraceful round shoulders and poked-forward head noticeable with so many women and girls.

The shoes of men, as a rule, are not so badly constructed and worn as the shoes of women and children. A larger proportion of men wear custom-made shoes, in which some effort is made to fit the foot. Business-men generally have eschewed heels, except the lowest "lifts."

Among soldiers and policemen, foot-soreness is a common complaint, and renders the man who has to endure it unfit for service. It is stated that, during the late East Indian wars, the native foot-soldiery, when ordered to "march," took off their regulation shoes and hung them on the ends of their muskets, while they went barefoot. Commanding officers reported great loss of men who could not keep up on account of foot-soreness, and were easily picked off by the enemy. A Highland regiment, when ordered to "charge" the foe, took off their shoes and charged barefoot, as they could do more effective work. The regulation shoes interfered with free muscular action. Dowie characterizes the shoe as a "Juggernaut of cruelty," saying it possesses wedge-toes, a rigid waist, high heels, and convex inner soles, and adds: "If a soldier be weak or lame in the feet, he can never apply with advantage the strength of his arm in charging the enemy, or in sustaining a charge, because the foot is that part of the mechanical system or leverage which rests upon the fulcrum, the ground, and if you weaken the leverage at this important point, the strength of the whole system is reduced."

The opinions of Mr. Dowie on this subject coincide with those of eminent military men. The defects which he enumerated were common in the shoes of our own soldiery during the late war, and were followed with the same results.

It is very hard to find any woman who will confess that her shoes are too tight, too short, or too high-heeled. Her shoes are usually "miles to big," and hurt by their looseness. If women complain of lame backs or aching feet, they will be sure the shoes have no

part in it; because women are really not aware how they have departed from nature in this regard. The perfect female foot is described by a physician as follows: "It should have great breadth and fullness of instep, a well-marked great toe, a long second toe, a small little toe." Woman needs a strong and firm footing, particularly because of her function of motherhood, and yet this perfect foot is the exact opposite of the ideal lady's foot of to-day; narrowness, shortness, and littleness are the qualities that go to make it up; and there are women, if we may believe what is said in the newspapers, who to secure a narrow foot are willing to have the little toe ruined.

Strange as it is, the American women, while cramping the feet deny it. The Chinese are more logical. They distort and cripple the feminine foot to a much greater degree, and then sing its praises. Its favorite name, the "golden lily," is well known.

Many of the peculiar ailments under which women pass their days in invalidism, unhappy and miserable themselves and making others unhappy, would vanish or be greatly mitigated if they would but apply common sense to the selection of their shoes. It is very hard to persuade them to reform their habits on this point, but I have never known any woman who had learned the new comfort to go back to the old habit.

No exercise is so healthful and delightful as walking, yet few women can endure it. For to walk in their ordinary shoes is one of the most exhausting labors a woman can attempt. There is no doubt that by thorough and careful system of pedestrianism many women would become robust, though now half-invalids. I know of one who walked on an average two or three miles a day, and would spend an hour or two cutting brush, saplings, and small trees, lopping off limbs, hauling brush to gullies and into heaps, and climbing fences. Her garments were warm and loose, her shoes, "stogies," big, broad, and low-heeled. Health came as a reward. Another case is of a lady who is a commercial traveler in a large Western State. Her health broke with in-door confinement at school teaching and book-keeping, and she was advised to try the road, which

she did, as agent for a sash, door, and blind factory, and afterward for a paint, oil, and glass establishment. She never misses a train nor a day, dresses feet and body for comfort, is hearty and well, and earns a large salary.

The feet not only look smaller, but really become so in tight, high-heeled shoes, in consequence of a reduction of the blood supply. We are told of a Frenchman who invented an apparatus for reducing the size of the nose, and it consisted only of a spring which cut off the supply of blood to the organ. A paper was read at a recent health congress in Switerland, calling attention to a French style of shoe, which, the author remarked, gave the foot a "hoof-like" appearance. This style is much worn here, and produces a clumping, ungraceful jolt in the gait, tending to induce destructive spinal vibrations.

Probably the worst and most lasting injuries to the foot are produced during childhood, when the bones and cartilages are tender, and the muscles are soft and most sensitive to strains. As a rule, children's shoes are too short and too tight, and no allowance is made in them for the growth which is all the time going on, or trying to go on, in the foot. Evidently an injury cramping the growth at this time cannot be remedied; and if the children have any tendency to become bandy-legged or knock-kneed, badly shaped shoes, especially if they have high heels, will aggravate the evil and make it more lasting.

André, an old French writer, is quoted by Camper as saying that high-heeled boots produce curvature of the spine in children. The shifting of the body from foot to foot to get ease contributes to this effect in one direction, and the bending forward of the body to preserve equilibrium in another, while the soft condition of the bones and muscles is a helping influence to it.

It should be remembered, too, that children suffer most from ingrowing nails caused by short shoes. Flat-foot, which is also most common among children and youth, is largely the result of convexity of the inner sole—a too common fault of children's shoes. In such shoes the center of gravity of the body is thrown out of its re-

lations with the corresponding point in the foot, and eversions take place. The continuous strain between the foot and an improperly fitted shoe tends to produce dislocations of the bones and to weakening of the muscles. Doubtless much of the breaking down of girls at school may be traced to some such cause as this. Boys' shoes, on the other hand, generally have low heels and broad soles, and their wearers are relieved from the special suffering which too vain mothers allow to be inflicted on the feet of their daughters.

The evils to which women are subjected from the causes we have delineated do not stop with the sufferers who induce them upon themselves, but are transmitted to their children, an inheritance of acquired weakness and suffering.

It is hard to understand how men and women can endure to wear the present style of pointed-toed shoes and boots. The "corn-crop" is one that never fails, and the prevalent fashion will certainly assure a yield of unusual abundance. The devotee who wore peas in his shoes for penance could make ample atonement for all his sins by simply dressing his feet according to the mode.

The whole subject is worthy of the profound study of the physician, the shoemaker, and the shoe-wearer, all of whom seem to have wickedly neglected it. If men and women, in this period of the revival of the antique, will study the natural and beautiful feet of that era, when the appreciation of physical beauty was most perfectly developed, we may hope for some not-far-distant time when our demand will be for a normal healthy foot in a natural and comfortable covering, and not for a crippled and distorted, withered, ugly "club," bound in an instrument of torment.

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## PARONYCHIA.

BY GEORGE COVERT, M. D. CLINTON, WIS.

Having for a long time been in the habit of using a successful mode of treatment for this troublesome complaint, and with very little inconvenience to the patient, and never having seen the treat-

ment in print, nor having known of its being used by any one except myself, simple as it is, I jot it down for the benefit of others.

I use a piece of adhesive strapping of the best brand, one-half inch in width, one and one-half to two inches in length, according to the size of the member to be treated. I first apply one end of strapping to the corner and along the side of the nail of the affected toe, and draw the strapping outward and downward, fastening it upon the under and opposite side of the toe. I cause these straps to be worn in this manner constantly, removing them as often as necessary. The strapping thus applied draws the flesh away from the nail, while the pressure favors absorption and reduction of offending tissue. Along the edge of the nail, on the affected side, I apply the brush charged with carbolic acid occasionally, as long as seems necessary. After one or two applications at the office, patients usually pursue treatment at home. This method obviates the use of knife and mutilation of the toe, and affords unmitigated satisfaction to the patient.—*Kansas Med. Jour.*

## A MODEL CERTIFICATE.

The following medical certificate is on file in the Pension Office, at Washington, and is a sample:

"The braud muscle which compresses, lowers and extends the linea alba, the muscle of expiration is entirely severed thereby affecting the scorbutus cordi, which goes straight up to the navel or umbilicus, and from thence down to the pubis, which is evidently the primordial cause of the frequent abscesses of the scrotum. Also from the fact of increased attachment necessarily causes increased cicatrix which is constantly increasing, and hence the increase of all the detrimental symptoms."—*The American Homœopath.*

## THE EVILS OF THE HIGH-HEEL BOOT.

The evils of the high-heeled boots or shoes are due to the fact that it is an essentially badly-fitting article. It is made in defiance of the relation which it ought to bear to the anatomy of the foot,

and to the direction in which the pressure of the body weight falls upon the latter. Hence the peculiarly cramped walk of the ladies of the present day. Any one may observe the consequences of the "advanced position," nearly under the instep, and the increased height of the heel, in the substitution of a forward inclination of the body, and a trip suggestive, in a measure, of the stumbling gait, for the upright carriage and the free and graceful swinging movement natural to the leg in walking. The boot, or shoe, in order that it may not shift on the foot, which has lost much of its usual purchase of direct downward pressure, must hold it firmly and even tightly, and in particular it is necessarily constructed so as to hold with undue firmness just above the back of the heel. With some persons, perhaps, no inconvenience results, with others who have fine skins, chafing is readily produced. This is, in itself, a trifle, but it may, nevertheless, be the slight beginning of graver troubles. Probably there is no practitioner fairly long acquainted with town practice who cannot recall a case or cases in which extensive inflammation of the leg with abscess formation has followed even such a slight abrasion, and the exciting cause, when looked for, was discovered in the patient's shoe. There have been even instances, fortunately rare, but still occasional, where abscesses arising round some neglected trifle of this kind have ended fatally. These are facts which cannot be denied, and should not be overlooked.—*London Lancet.*

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## INFANT FEEDING AND SUMMER COMPLAINT.

BY DAVID LITTLE, M. D., ROCHESTER, N. Y., VISITING PHYSICIAN TO THE ROCHESTER ORPHAN ASYLUM.

The object of the little I have to say is not to propound any new thing pertaining to the nature, cause, prevention, or cure of the enteric diseases included under the popular name, summer complaint.

It is solely to emphasize a single factor in their production, under the belief that by giving it the prominence it deserves a rational way

will readily suggest itself of meeting and repulsing this slaughterer of the innocents.

It is unnecessary for my present purpose to describe the various digestive disorders that are comprehended under the name of summer complaint.

Attention is simply called to the conditions that obtain in their causation. Text-books and the common experience of physicians give for answer.

Urban life, artificial food, summer heat.

Of course, each one of these three includes and entails a multitude of debilitating agencies, but in the main they cover the whole ground.

They make frightful havoc, and when we consider how, acting together, these allied forces of evil are multiplied and intensified in their maleficence, we can only wonder that so many escape their onslaught.

Moralists tell us the first step downward is one to guard against, and this is true physically as well as morally.

This brings us to the pith, how to guard against indigestion. Answer, *avoid over-feeding*. To avoid wrong or improper feeding goes without the saying; medical books and medical heads are full of it; and, as a result, infant foods of numberless designs and kinds are concocted, advertised and given, with various results.

Each physician in each case must, taking human milk as his model, get as near to nature as possible, and "fight it out on this line if it takes all summer" (and it generally does.)

Over-feeding, it seems to me, in military parlance, is the key to the position. This, in my belief, is the bane of bottle-fed children.

Look at it. The doctor is called to a case of summer diarrhœa. He prescribes and leaves instructions as to what food to give and how often, and adds, "keep the child well aired, clean, cool, and quiet," and goes on his way, thinking he has been specific enough.

Now, what does the child's attendant do? That last injunction about keeping the child quiet makes a major impression, because this same quiet consorts with her own comfort. The child cries and

must be quieted, and the ready bottle is its comforter. Through the day that other injunction about feeding only so often acts in a measure as a deterrent; but the long night comes, and the tired nurse or mother needs quiet, too, and now the bottle becomes a duplex comforter. Filled and re-filled it is kept to the child's lips.

A stomach that has no rest gives up, or gives out.

A fundamental principle in the treatment of disorder of any organ is to give it a rest. In the case of digestive misdemeanors nothing is so effected as to starve the offending viscera into good behavior. And this plan, at first thought so abhorrent to the fond mother, or indulgent or indolent nurse, may be made feasible by a simple explanation. Tell her the child cries more from thirst than from hunger, that his wail, like the wail of the ancient mariner, is of "water, water everywhere, nor any drop to drink." Lay down inflexible rules about amount of food and times for feeding, but give her *carte blanche* to water the infant as often as it cries. Tell her hot weather induces perspirations, and that as surely and in the same way as waste makes want, sweating makes thirst.

This sounds plausible, but the doctor of to-day is a skeptic and wants evidence. My experience is limited and my figures are few, but it is believed that they are significant if not convincing.

For twenty-one years I have been physician to the Rochester Orphan Asylum. Each of these years had witnessed deaths from enteric diseases until 1882.

In the early summer of that year I said to the matron, feed your babes but once in three hours during the day, but give them water to drink as often as they will take it.

The summer came and went, and when frosts appeared I congratulated her on the good results of our plan; not a child had died and no serious case of diarrhœa had occurred.

"Yes," said she, "but it seemed cruel to feed these babes but three times a day."

*She had actually carried out my instructions to the letter, as she had misunderstood them.* Instead of once in three hours, she thought I had said three times a day!

On the following (that is, last) summer the plan was carried out giving the infants food once in three or four hours, according to age, during the day, and an additional meal in the night if the child awoke and would not be quieted with a simple drink of water.

The same immunity from summer complaints ensued as in the previous year, with two exceptions, and these exceptions emphatically proved the rule.

They were children of tubercular parents, and because of scrofulous manifestations were removed to the hospital, then empty, in the upper story of the building. A nurse was detailed from the hired help. Soon these infants became dyspeptic, intractable gastroenteritis followed, and in a few days they died.

Inquiry elicited the fact that the newly made nurse had kept a bottle every night and all night in their mouths, for, as she declared, she could have no peace without. In legal parlance, it is submitted that a case is made. That is, that rest for the stomach may be obtained by recognizing thirst more than hunger as a summer want, and thus, by prolonging the intervals of feeding, preventing indigestion and its deadly train of attendants.—*American Journal of Obstetrics.*

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## TOLACHI.

This plant grows everywhere in Mexico, but more thriftily in the tropical lowlands of the terri caliente. It is a harmless looking plant, much resembling Northern milkweed, and quite too dangerously frequent in a land where suspicion rules, and jealousy amounts to madness. It does not kill, but acts immediately upon the brain, producing first violent insanity and then helpless idiocy. It is whispered that poor Carlotta had hardly landed in Vera Cruz, on her sorrowful mission to this country, before some of it was administered to her, and her deplorable fate is cited as one among many instances. Of all the dangers in Mexico, this is one of the most appalling. Any political enemy, or jealous rival, or offended servant, may thus revenge himself in a more fiendish manner than with the stiletto,

and without fear of detection; a few drops of this tasteless white fluid, mixed with milk or other food, does its diabolical work with inexorable certainty, and can only be detected by its gradual results. —*Fannie B. Ward, in a Letter from Mexico.*

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## THE SILK CATHETER.

This catheter (as described in the *N. Y. Med. Jour.*, Jan. 12, 1884), is similar in form to the ordinary French or English instrument. Unlike either, however, it possesses the combined advantages of flexibility quite equal to that of the rubber catheter, a much greater durability than either the French or the English instrument, and an entire absence of the swelling after it has been used, which always renders the rubber one useless in a comparatively short time. The two latter qualities have been tested by the daily use for over six months of the same catheter in an individual case.

Another and very important quality is the extreme smoothness of the eye, which is woven (selvaged) in the catheter, instead of being punched or cut out, as in the ordinary ones.

As a drainage tube it is superior to those of rubber, in that it will not become brittle and break, as the rubber tubes are quite apt to do. The sizes range from 5 to 12, English scale, and can be obtained from Mr. W. F. Ford, of Messrs. Caswell, Hazard & Co., under Fifth Avenue Hotel.

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## THE "MIND CURE."

The discovery of a new principle in medicine is of interest to mankind in general, but particularly to physicians.

The so-called "mind cure" which has been the wonder of Boston society of late, on account of its success as a therapeutic means, cannot be claimed as new, excepting in its mode of application. From time immemorial there have been so-called healers who claimed to transmit force by means of the laying on of hands and a tricky glance of the eye.

The Boston mind-healer has invented a new method, and seats himself upon the floor back to back with his deluded subject, and through this connection claims to reach the nerve centres by a direct course.

For a small fee a patient may have his spinal column impinged by another, for an hour, and wonderful cures are said to be wrought by this means in Boston. We do not know whether this mode of treatment would succeed in any other climate than that of Boston, or that the atmosphere has anything to do with it, but we suspect that it would require an amount of faith equal to a grain of mustard seed, on the parts of the patient, or else the "treatment" would fail to have any effect whatever.—*N. Y. Med. Times.*

## IMPOTENCE IN THE MALE.

Take Strychinæ Sulph., gr. j; acidi hyphophos., dil., ℥ j. M. ft. sol. Dose, ten drops three times a day before meals in a teaspoonful of the fluid extract of coca. I gave this mixture for the reason that I know of no better tonic for the sexual organs, after the abnormal state of erithism into which they get by abuse has been relieved, than strychina, hypophosphorous acid and coca. It is necessary, however, not to give it immediately before going to bed, as without this precaution it may produce seminal emissions.—*W. A. Hammond, M. D.*

## TOOTH BRUSHES: WHAT THEY SHOULD BE, AND WHAT THEY SHOULD NOT BE.

People usually select wrong tooth brushes. They are either too large or too hard. The usual aim is to "scrub" the teeth, but this is utterly wrong—the practice is pernicious and completely fails to cleanse the teeth, and remove food *debris*. People usually brush from side to side—*against the grain*—as it were. This custom tends to brush all the remains of food, etc., into the spaces between the teeth, where they rot and breed micro-organisms. The brush should be soft, should possess long vibrissœ and a long handle. It should be used *from* the gums towards the free end of the teeth, *i. e.*, down-

wards in the upper jaw, upwards in the lower. As to mouth-washers, and dentifrices, they are mostly catch-penny impostures and most deleterious. Plain soap and plenty of water are best. Some people clean their teeth too often, some too seldom. *Clean* them before sleep and upon rising, *wash* them after meals, and if possible end the meal with a stiffish crust—is very sound advice which a German contemporary gives his readers.—*British Journal of Dental Science.*

## BROMIDE OF ARSENIC IN DIABETES.

According to the *Canada Lancet*, Dr. Pekai, clinical assistant to Prof. Karaonyi, of Buda-Pesth, from a series of experiments with bromide of arsenic in diabetes, proves the remedy to be exceedingly satisfactory. He uses a solution prepared as follows:—℞. Arsenious acid., carbonate of potash, bromine, aa gr. jss; water, q. s.

The arsenious acid and potash are placed in an eprouvette, five drops of water are added, and treated until the liquor is limpid. Then sufficient water is added to make two and a half drachms by weight, and then the bromide and the whole let stand for twenty-four hours before use.

The solution was administered by placing three drops in an ounce of water, of which three equal doses were made. The quantity being increased, an additional drop every three days until ten drops a day were administered.—*Canada Lancet, Feb. 1884.*

In a clinical lecture delivered in the Hospital of the University of Pennsylvania by John Ashurst, Jr., M. D., and reported for the *Philadelphia Medical Times*, on the treatment of carbuncles by compression, we find the following method of using adhesive strips:

We begin to apply the strips at the margin, and gradually bring them more and more inward, leaving a space at the centre to allow the slough to come out. We began treatment in this case last Wednesday a week; up to that time the carbuncle had been constantly increasing, but since then the progress, fortunately, has been the other way. The pain was immediately much relieved, so that the patient has now only an occasional darting pain, but nothing really

to give him distress. The carbuncle is smaller, and is getting flatter. It now measures eight by seven and a half inches, and is not more than two and a half inches deep. The patient has not lost a drachm of blood since he came into the hospital. You can see that the pus and sloughs of cellular tissue are slowly discharging themselves, and there is so far no sign of any additional opening. We have every reason for thinking that this patient will convalesce without any further trouble. Over the centre of the carbuncle we are using a small poultice, which we will change after a time for a dressing of resin cerate or zinc ointment, as may seem desirable.

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## THE THIRST FOR UTERINE BLOOD.

BY ROBERT A. REID, M. D., NEWTON, MASS.

Anyone who reads carefully the monthly medical literature, can hardly fail to note the increasing frequency with which the most heroic measures in uterine surgery are undertaken. Without wishing to ignore the just claims of operative gynæcology, we cannot refrain from urging the expediency and wisdom of giving more attention to the *medical* treatment of uterine disease. There is no doubt that the latter branch of our science has been too much neglected in the craze for operative procedure—that many operations have been done more because they were fashionable than for any good conferred by them upon the patient. It is so easy to gain credit by such procedures, that many have yielded to the temptation, even when the operation was neither needed nor justifiable. Then too the uterus is so long suffering and non-retaliatory, that it invites all sorts of inroads upon its textural integrity. Just as the taste of blood changes the cub that had been tamed, into a ferocious and dangerous beast, so the shedding of uterine blood seems to beget an insatiety for gynæcological operations which, when once established, is sometimes dreadful to contemplate. Cases are on record in which surgeons have begun by timidly incising the os, have then excised the cervix, body, and fundus of the uterus; and finally, when ovaries were included in the ablation, have actually mourned that nothing

more was left to conquer. The fact that some of these get well may help to prove that, gynæcologically speaking, the uterus and its appendages are incumbrances. But the other side of the argument is, that women who are not operated upon, whose uteri know not the knife, the scissors, *ecraseur*, or pessary, also get well. This is certainly great comfort to the ordinary practitioner who could not diagnose a case of pyo-salpingitis if he should meet it, and knows oöphorectomy only as an operation more to be dreaded than the condition for the relief of which it is undertaken, and who entertains a healthy fear of disturbing peritoneal coverings, of poking pessaries into the bladder or through Douglass' cul de sac into the abdominal cavity, of mistaking the uterus for an ovary, or of any of the other trivial accidents which occasionally happen in the higher walks of gynæcological life. The fact is that the desire to cut, twist, burn, amputate, electrolyze, and pessarize the uterus, has amounted almost to a mania. The aspiring gynæcologist who has been unable to devise a new operation, invent a speculum, or modify an old one, has been compelled to infuse his energies either into a new cautery iron, a novel back-action curette, or a manifold self-acting elevator. If, perhaps, he fails in every other way in encouraging operative procedure, he gives a new and important twist to a pessary, establishes a principle, and makes a reputation. But if the time has come for a change of opinion, if the worst must come to the worst, advocates of the new doctrine can do more than arrest the study of surgical statistics, and, as a possible consequence, create a corner in uterine pathology. In any event we believe in giving the uterus one more chance.—*The American Homœopath.*

# Editorial.

## CLEANLINESS.

Having been brought, recently, in contact with many physicians in the city and country, the writer could not help but notice

the different idiosyncrasies of the various men of the medical cloth. While some were careful of their dress, wearing purple and fine linen, without a spot on their clothing to denote that they had ever seen a particle of dirt, hair carefully arranged, face closely shaven, and all their appointments made up in almost an immaculate style, others were so far the reverse that the only wonder was that they ever were successful in the treatment of any case. With unblackened boots, covered with the filth from the barn-yard and smelling of the stable, clothing covered with dirt and grease, horse hair and dandruff, face with beards a week old, hair unkempt, teeth strangers to the tooth brush, fingers covered with muck, and nails presenting the appearance of having lately assisted in cleaning the stables, shirt bosoms crumpled and sometimes besmeared with tobacco and all smelling of cigar or pipe smoke, they walk into the sick chamber, all unconscious of their slovenly appearance, and the disgust that they must produce in the patient and their friends. Many assume this negligence because they think that their patrons will attribute it to a want of time, while others neglect themselves from laziness. Of course, it is not expected that all physicians will dress with the richness of a millionaire nor with the faultlessness and flashiness of a dude, but what they do wear should be carefully selected as to color and style, and should fit nicely. A physician's clothing may be threadbare but it should not be ragged or dirty. His linen should *always* be clean, as well as his hands and face, for water and soap are cheap and no excuse can be given for this neglect so long as fresh water is so abundant. But little time is required every morning for brushing the hair, boots and clothes and shaving the face, and no excuse can be given for this neglect. A habit of negligence will grow upon a person, very easily and unconsciously, and soon he will be given the reputation of being a sloven before he is aware of it himself. It is true, that there are few who possess all the above "qualifications" but many, unfortunately, have some of them. Instead of bringing business, it drives it away, and he must have a very brilliant brain who can overlook or ignore these little

details and command respect and meet with success. Of course, dress and personal appearance are not all the factors for success, but, with the other accomplishments, he cannot fail to reap rewards which otherwise would be beyond his reach.

## Book Notices.

**Diagnosis and Treatment of Diseases of the Heart.** By CONSTANTINE PAUL. Translated from the French. William Wood & Co., 56 and 58 Lafayette Place. J. H. Matteson, General Agent, Buffalo, N. Y.

This is the March number of Wood's Library and is fully equal to the preceding ones, for information relating to the subject on which it treats. It commences by giving a full description of the normal healthy heart, its anatomy of muscles, nerves, &c., followed by all its diseases, with the different methods of detecting them, and the general treatment. It is one of the best reference books, that the general practitioner can obtain and is necessary to his library, as he is so prone to neglect the minute methods of examining complicated diseases of the heart.

**The Pathology, Diagnosis and Treatment of Diseases of the Rectum and Anus.** By CHARLES B. KELSEY, M. D., with two fine Chromo-lithographs and nearly one hundred illustrations. New York: William Wood & Co. J. H. Matteson, Agent, Buffalo, N. Y. 1884.

A work of over four hundred and sixty pages with a chromo-lithograph for the first illustration of chaneroids of the Anus and Vulva. It is so true to life that it almost makes one sick to look at it. Turning to the next plate we see represented Hæmorrhoids so fearfully sore that it produces pain in the rectum to see them. "Excuse us, none on our —— plate." This work has for its basis, the volume on the same subject contributed by the same author to Wood's Library in 1881 or '82, we have forgotten which, but contains

many changes and additions which experience from daily practice might dictate. The chapter on rectal hernia has been added entire with many new illustrations.

It is a safe guide for the student and general practitioner and is invaluable.

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**Drugs and Medicines of North America.**

A quarterly devoted to the History and Scientific Discussions of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plant of North America, their constituents, products and sophistications. Edited by J. U. and C. G. Lloyd, Cincinnati, Ohio. This is an illustrated journal, the first number containing 32 pages. We wish them success, for the first number speaks well for those to follow. Price $1.00 or 30 cents per copy.

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**Iodoform in Dental Surgery.** By C. F. W. BODECKER, D. D. S. New York. Reprint from the *Independent Practitioner* of March and April.

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**Transactions of the N. Y. Medico-Chirurgical Society.** 1883. Vol. III. *Thanks.*

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**The North American Review** for April and May.

The April number came too late for notice in our last issue, but contains articles of unusual interest. The May number has an article by Justice William Strong on "Immigration" and the defects in our laws relating to it. Edwin P. Whepple offers a judgment on Matthew Arnold as a thinker and man of letters. Richard A. Proctor on a "Zone of Worlds." Garrit L. Lansing "The Railway and the States." Henry F. Osborn on "Illusions of Memory," &c. Price 50 cents.

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**The Atlantic Medical and Surgical Journal** is to be enlarged to sixty-four pages. The *Atlantic Medical Record* has been sold to the above journal.

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**Elementary Principles of Electro Therapeutics** for the use of Physicians and Students. With 135 illustrations. Prepared by C. M. Haynes, M. D.

Published by the McIntosh Galvanic and Faradic Battery Co., Chicago, Ill. Price $2.00.

This is a plain, practical and complete work on Electricity of 420 pages, giving *facts* without theory on Magnetism, Franklinism, Galvanism and Faradism. The illustrations are made up of the different elegant batteries of McIntosh and the different electrodes and their method of application, so that one with very little reading can acquire a good knowledge of the mode of applying electricity, in the numerous diseases where that potent agent is required. Send to The McIntosh Galvanic and Faradic Battery Co., 192 and 194 Jackson Street, Chicago, Ill., for a circular giving the index and outlines of this little work. It will cost nothing.

## News and Miscellany.

WE ARE indebted to the Traveler's Insurance Co. of Hartford, Conn., for a fine chromo-lithograph of *Liberty Enlightening the World*, now in process of erection in New York Harbor, for which they have our thanks.

"PAT, what would you do if you went home and found your wife in bed with the cerebro spinal meningitis?" "I'de keck the d—— Itailian out un the house."

THERE is a bill introduced in the Washington Senate, we understand, appropriating $1,000,000 for the establishment of a medical institution, where all schools will be represented. This probably means the *three* schools. It also provides for $100,000 for building and grounds. This union of schools in medicine is bad. It engenders an unpleasantness which, at times, breaks into disgraceful controversies, if not worse, which always presents humiliating aspects, bringing blushes to the cheeks of respectability. We refer the reader to the shameful proceedings at Ann Arbor.

AT THE close of Vol. X of the *American Homœopath*, the name will be changed to *The Homœopathist.*

*The St. Louis Periscope* and *Clinical Review* have united under the above head, and is a strong team.

*The Association of American Medical Editors* have their annual meeting at Washington, D. C., May 5th, 1884, in Medical Hall, southeast corner of Sixth and F. streets. All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting. For further particulars write to John V. Schoemaker, M. D., Secretary, 1031 Walnut St., Philadelphia, Pa.

ALMOST daily, we are in receipt of postal notes, of the denomination of *one dollar*. We would inform our subscribers that a one dollar bill comes just as safely and saves the sender the price of the postal note. *They* are intended to be used where fractions of a dollar are sent. Send on your dollar in a bill and be lively about it.

SIDNEY, O., April 1st, 1884.

The Twentieth Annual Session of the Homœopathic Medical Society of Ohio will be held in Cleveland, May 13th and 14th, 1884. We would like to see every Homœopathic Physician in the State at this meeting. There will be transacted much business of importance to us all. Are you on a bureau? If so send your topic at once. If not on a committee, volunteer papers are very acceptable.

Will you be with us? The Program will be out in a few days.

Fraternally, H. E. BEEBE, Secretary.

I HAVE used Churchill's preparation as made by J. A. McArthur with the most decided benefit, and am satisfied that a fair trial is all that is required to establish its therapeutic value. I have at this writing several cases in which the Syrup is doing beyond my expectations. PHILIP LEIDY, M. D.

PHILADELPHIA, Pa., Feb. 6, 1884.

NORTH CLOVE, DUTCHESS CO., N. Y., March 18, '84.

*To the Editor of the Investigator, Buffalo:—*

DEAR SIR—Reading in the columns of your instructive and interesting work, under the head of "Information Wanted," reminded

me of a case some years ago. Wm. A. H., of Dutchess County, N. Y., who had been attended for some time previously, by one who styled himself an eclectic, by name Dr. A. F. Hemorrhage was profuse. I found it to be a case of "Carcinoma Uteri" far advanced. I informed the attending doctor of this. He remarked that the "Prostrate" must be nearly gone. I replied, females are minus that gland. Yours truly,

D. A. KNAPP, M. D.

*The American Medical Association. Section of Practice of Medicine.* Dr. John V. Shoemaker, of Philadelphia, Pa., chairman, will be held in Washington, D. C., May 6th, 7th and 8th, 1884. The special subjects discussed will be "A contribution to the clinical study of Epilepsy," "Clinical Study of the Heart Sounds" and "Tuberculosis." Many other papers are announced.

WE HAD a call from Messrs. Caswell, Hazard & Co.'s agent, a few days ago, who exhibited some of the most elegant preparations that we have ever seen. By referring to our advertising pages, the reader will learn something of them.

ANALYSES OF BEEF PEPTONOIDS.—Report on *Beef Peptonoids* by Prof. Attfield, F.R.S., F.I.C., &c., Author of "A Manual on Chemistry, General, Medical, and Pharmaceutical."

The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:—

| | |
|---|---|
| Albumenoids (containing nitrogen 10.94) | 69.25 |
| Fat | 10.71 |
| Sugar, including a trace of starch | 9.50 |
| Phosphates, equal to bone phosphate | 3.01 |
| Other mineral substances | 2.61 |
| Moisture | 4.92 |
| | 100.00 |

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean of beef, one-third; the solids of milk, minus most of the fat, one-third; the gluten of wheat, one-third; the beef,

being partially digested or "peptonized." My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen 10.94); more than 20 per cent. of warmth-producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone-forming phosphates; about 2 per cent. of other normal mineral matter, and about 5 per cent. of moisture. A sample of the constitutent gluten submitted to me was practically pure, containing a mere trace of starch. Rather more than one-fourth of the albumenoids, probably the "peptonized" portion, was soluble; while practically the whole of the "Beef Poptonoids" was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a platable and assimilable and in every way acceptable article of food, containing nearly 70 per cent. of truly nutritive nitrogenous material partially peptonized, has never before, to my knowledge, been offered to the medical profession or to the public.

LONDON, November 18, 1883. JOHN ATTFIELD.

MESSRS. PARKE, DAVIS & Co. have a new advertisement this month. That enterprising firm has done more towards introducing new remedies, some of them of the greatest value, than almost all the other manufacturers combined. The word "Sarco-Peptones" is simply a *brand* as applicable to extract of peptonized beef manufactured by the RUDISCH Co., whereby physicians may designate their preference for this article without feeling compelled to write out the full name, "Rudisch's Extract of Peptonized Beef."

DR. A. G. STILLMAN died at Troy, N. Y., March 21, 1884, from "peritonitis," caused by ulceration of the appendix vermiformis." Dr. Stillman was a physician with whom it was an honor to be acquainted and who was a credit to the profession. A conscientious man; would that we had more like him. S. J. S.